

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request: _____

2 Serial/Patent # 10/527105

3 Please refund the following fee(s):

4 PAPER
NUMBER

5 DATE
FILED

6 AMOUNT

<input checked="" type="checkbox"/>	Filing	<input checked="" type="checkbox"/>		\$ 100
<input type="checkbox"/>	Amendment	<input type="checkbox"/>		\$
<input type="checkbox"/>	Extension of Time	<input type="checkbox"/>		\$
<input type="checkbox"/>	Notice of Appeal/Appeal	<input type="checkbox"/>		\$
<input type="checkbox"/>	Petition	<input type="checkbox"/>		\$
<input type="checkbox"/>	Issue	<input type="checkbox"/>		\$
<input type="checkbox"/>	Cert of Correction/Terminal Disc.	<input type="checkbox"/>		\$
<input type="checkbox"/>	Maintenance	<input type="checkbox"/>		\$
<input type="checkbox"/>	Assignment	<input type="checkbox"/>		\$
<input type="checkbox"/>	Other	<input type="checkbox"/>		\$

7 TOTAL AMOUNT
OF REFUND

\$

8 TO BE REFUNDED BY:

10 REASON:

- ☒ Overpayment
- ☐ Duplicate Payment
- ☐ No Fee Due (Explanation): _____

Treasury Check

☒ Credit Deposit A/C #:

9

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11 REFUND REQUESTED BY:

TYPED/PRINTED NAME: John Anderson

TITLE: Patent Specialist

SIGNATURE: [Signature]

PHONE: 308-9140 ext 211

OFFICE: PCT-DO/EO

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APPROVED: _____

DATE: _____

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